

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
Program Support Bureau-MHSA Implementation & Outcomes Division

SUMMARY FOR:

Individual Cognitive Behavioral Therapy (Ind CBT) Learning Network
April 15, 2015

Location:

DMH Headquarters
550 S. Vermont Ave, 2nd floor conference room
Los Angeles, CA 90020

Facilitator:

Joshua Cornell, Psy.D., Clinical Psychologist II

Practice Lead:

Urmi N. Patel, Psy.D., Supervising Psychologist

Participants:

Natalie Anderson, Childnet
Daniel Avila, CHCADA
Shohreh Azima, Stirling Behavioral Health
Michelle Bilotta-Smith, Amanecer
Diseree Bramlett (Swygert), LA Child Guidance
Li Ting Chao, Long Beach MHC Adult
Abby Chappell, Edelman MHC
Melissa Chisholm, The Help Group
Forest Colstrom, Amanecer
Joshua Cornell, MHSA Implementation & Outcomes
Peter Davidson, South Bay MHC
George Eckart, MHSA Implementation & Outcomes
Ragaa Hanna, Foothill
Tracy Hartstone-Caltabiano, Santa Clarita Valley MHC
Beverly Looman, LA Child Guidance

Georgina Lopez, Exceptional Children's Foundation
Consuegra Martin, Harbor View Community Services
Robin Mindnich, Harbor UCLA
Khai Nguyen, Masada Homes
Melissa Pace, Foothill
Urmi Patel, DMH ASOC
Vanessa Paterson, Community Family Guidance Center
Frances Pavon-Lara, MHSA Implementation & Outcomes
Ellen Rogelberg, The Help Group
Julia Saldana, Bienvenidos
Linda Shing, Exceptional Children's Foundation
Alex Silva, MHSA Implementation & Outcomes
Lucien Song, Long Beach API
Joyce Toledo, Helpline
Navia Vilchis-Schauf, Rio Hondo

I. Welcome and Introductions

- Action item follow-up

Providers were asked to introduce themselves, say if this was their first Learning Network, and how long they have been implementing the practice at their agencies.

II. Review of reports

- Aggregate reports
- Individual provider reports

G. Eckart went over the Ind CBT countywide aggregate report and discussed some recent findings. It was explained that there were several agencies that submitted data for Ind CBT that were not approved by PEI Administration to administer the practice. Providers were instructed to contact PEI Administration if they needed approval to administer Ind CBT at their agencies.

III. Updates

Providers were informed they can now enter data for TF-CBT, MAP and Triple-P into PEI OMA. The new optional worksheets were presented and the changes made were discussed.

Providers were introduced to the PEI Reports Request Form.

IV. Open Forum

Providers went around the table and asked questions related to the implementation of Ind CBT including but not limited to training protocols, claiming, and other procedural questions.

U. Patel reported DMH will eventually train 2,000 clinicians countywide in Cognitive Behavioral Therapy (CBT). The 9 month Harbor UCLA trainings will only be offered to DMH Interns. U. Patel went over the new training protocols including 16-week consultation calls, audio recording and adherence forms that would need to be completed in order to be approved by DMH to provide Ind CBT to our PEI and CSS (FSP, FCCS, and Wellness) clients ages 18 and older. She reported those who pass the DMH Ind CBT training protocol can apply for certification (which is not required by DMH to provide the EBP) and the approximate \$400 fee to get certified by the Academy of Cognitive Therapy (ACT) will be reduced to \$100 for LACDMH. DMH will also be training 100 CBT trained staff from DO and Legal Entity Providers as Clinical Champions of Ind CBT. The Clinical Champions will need to be certified in order to participate in the training. Their certification fee will be paid by the Department. Unlicensed clinicians will be granted a provisional status for CBT certification from ACT until they get licensed. DMH has also asked providers to complete pre and post Quality Assurance Surveys during their training period and only for the three clients they will be using for training purposes to evaluate the training program. Dr. Patel reported that clinicians who pass the Ind CBT training program can provide the Munoz's Group CBT for Depression manualized therapy after reviewing the trainers manual available online. They will need to follow the manualized program entirely to claim this EBP. Otherwise, clinicians can provide CBT principles in group format to address depression, anxiety, or trauma after completing the Ind CBT training program. DMH has no current plans to host additional Group CBT for Depression trainings at this time. A discussion ensued regarding the use of outcomes outside of PEI. Staff reported that the use of outcome measures outside of PEI (i.e. for FSP, FCCS, or Wellness clients receiving Ind CBT) would be clinically appropriate however only PEI EBP outcomes data are to be entered into PEI OMA. MHSA Implementation & Outcomes staff stated outcome measures DMH provides for PEI practices may only be used for clients with services funded by PEI and agencies will need to purchase the outcome measures from their publishers to use them for treatments paid by other funding sources.

Subsequently, the topic of high caseloads and not being able to provide CBT to fidelity was discussed. The provider that brought this up reported that she wasn't claiming it to PEI, but to another funding source.

Dr. Patel reported that some of the client materials for CBT are available in other languages such as Cantonese, Mandarin, Korean, Spanish, and Japanese.

A question related to core services was asked; someone wanted to know where they could find the document that had that information. Staff informed providers that they would follow-up with PEI Administration and with their permission forward the latest version of the PEI Core Services and Practice Table.

V. Next PPLN Meeting

Please email proposed future agenda items to: PEIOutcomes@dmh.lacounty.gov

Date/Time/location of next meeting TBD